

**INTEGRATED TREATMENT
MODEL
PRE-COURSE
WORKBOOK**

WORKBOOK INSTRUCTIONS

Please read and complete the questions contained the Integrated treatment model workbook. You will find information in this workbook that will be essential to the JRA Academy. You will need to understand the information in order to be able to complete exercises during the JRA Academy. The information is also essential to your job performance. The skills and treatment methods provide commonality in dealing with clients and families throughout JRA.

Your completed workbook will be due 14 days prior to the course; your answers will be turned in with your pre-course work for the JRA Academy. All pre-course work will be reviewed by the instructors for comment. If it is late, incomplete or sub-standard it will be returned. Failure to complete pre-course work 7 days prior start date, will result in ineligibility for attendance of the JRA Academy.

Your completed course work should be emailed to the JRA Academy TAC Officer Todd Brophy at E-mail address tbrophy@cjtc.state.wa.us.

Skills for Staff



Mindfulness Skills for Self-Awareness



Observing & Describing:

Am I aware of my own thoughts and emotions and urges to react? Am I acting based on values and goals or out of habit?



Participation:

Am I “throwing myself in” to interactions with residents. Do I participate fully in conversations with them. Do I spend as much time as possible participating with residents on the floor and in activities.



Non-Judgmental:

Am I focusing on facts. Am I open to new information and new perspectives?



1-mindful (Controlling Attention):

Single-focused attention- 1-mindfully lazing in on 1 thing only, not allowing other things to distract from my single point of attention.

Broad-soft attention- 1-mindfully flooding my entire surroundings with my attention, without letting 1 thing distract me from the whole.



Effective:

Am I focusing on what works, what is called for in this particular situation with this particular person, and not rigidly focused on what is right or wrong, good or bad.

Skills for Staff



GIVE: Relationship Effectiveness

Gentle Be polite and reasonable,
Calm, Cool/Warm & Collected

Interested I care about what you're
saying. I'm interested in
your well being.

Validate **Look for the kernel of truth,
for what makes sense
about a response.**

Easy Use humor, and a light Manner
sell.



Willingness:

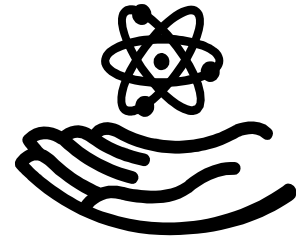
- Be open to doing what works in the moment.
Listening to your wise mind.
- Being willing to “jump in” and interact as much as possible with residents on the floor.
 - Being willing to assume people are doing the best they can.
 - Willing to give feedback non-judgmentally and receive feedback non-defensively



Opposite Action:

Does unjustified fear, anxiety or anger influence behavior and get in the way of doing effective treatment? What would an opposite action be?

Functions of Treatment:
Engaging & Motivating
Youth & Families



**Engaged & Motivated residents will
see staff as partners and helpers.**

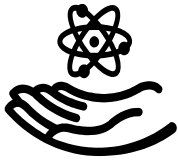
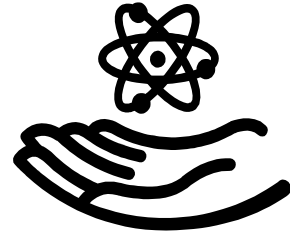
**Engaged and motivated staff will see
that youth are doing the best they
can, AND need our help and
support.**

What can YOU do to help residents see
you as a partner and helper in
achieving their goals?

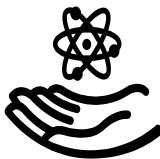
What can YOU do to help yourself see
youth as doing the best they can AND
in need of your help?



Functions of Treatment: Engaging & Motivating Youth & Families



We are ALL responsible for engaging and motivating youth & families, from the moment the youth hits the door, through good times and bad, until they leave our supervision entirely.



There are several strategies that we can use to build, increase, and maintain engagement and motivation.

What are the barriers to engaging and motivating youth to work with us RIGHT NOW?

What can we do to overcome those barriers?

What is Validation?



Finding the wisdom or kernel of truth in response or experience.



Communicating that a person's thoughts, feelings, beliefs and behaviors are understandable or make sense.



Acknowledging what is valid about a person's thoughts, feelings, emotions, beliefs

**VALIDATION IS NOT NECESSARILY
AGREEMENT**

What makes something Valid?



- ⊕ A behavior may be valid for one of the following reasons:
 - It is true and factual.
 - It was Asserted by accepted authority [police, gang members, parents, etc.].
 - It is Effective. It has worked in the past.

- ⊕ *Example Behavior:* A youth makes verbal threats toward staff and/or other residents:

Its true: I understand that you believed you needed to threaten Johnny, because he was threatening you and you believed you needed to protect yourself.

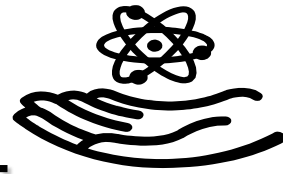
Asserted by authority: I understand that is the way your family has always tried to solve problems

It works: It makes sense that you thought you needed to yell at Johnny. It usually gets people off of your case.

In these examples, the belief and history is validated, but not the threatening behavior.
Do not validate behavior that is not valid!

Engaging & Motivating Youth & Families

Commitment Strategies



Linking Goals to Treatment

Identify goals that youth might have when they enter JRA
Describe what you know they can get out of their stay.
Help them develop short-term goals they can work on while in JRA.
Describe what you can do to help them work toward their goals.
Constantly link behavior, tasks, challenges, and skills to the youth's goals.

Orienting the Youth to Program Expectations & Contingencies

What is this treatment all about? How does it work?
What will be expected of youth? What if youth can't do what is expected? What will youth do in individual staff talks? What is the purpose of groups? What are possible consequences for negative behavior or for not engaging in treatment?

The Freedom to Choose AND the Absence of Alternatives

Stressing the freedom to choose (e.g. whether to do treatment or not) AND the consequences of the choice (Possible higher CRA, in your room instead of in group or on a group outing, lower phase within program, no change in sex offender level)

Foot in the Door

Ask for an inch in hopes of getting a mile. "I know you don't want to talk about your sex offense. Would you be willing to at least sit in on group. You don't have to say anything".

Door in the Face

Ask for a mile, in hopes of getting an inch. "How if we pull the staff in here that you are angry with, and you use your GIVE skill with him right now? Too much? All right, how about if you and I just practice it?"

Functions of Treatment: Structuring the Treatment Environment



This function ***ties all of the functions together***. Ideally, the living unit structure supports engagement and motivation of staff, youth, and families, skill acquisition and generalization.



It is **consistent expectations** system wide regarding treatment groups, individual counseling, and treatment planning.



It is **building support systems** with families, specialized treatment providers, schools, churches, etc., and planning for transitions to less-restrictive environments.



It is **specifying contingencies (consequences)** so that positive behaviors are highly reinforced and problem behaviors are not reinforced, or are punished if necessary.



And it is **4:1 Reinforcers**. The environment provides at least 4 reinforcers for every one punisher that is necessary.

The Keys to Contingency Management



Punishment & reinforcement “In a nutshell”

Reinforcement (reward) is the presentation of something good or the removal of something bad. Punishment is just the opposite. It is the presentation of something bad or the removal of something good. **Therefore, reinforcement is always good and punishment is always bad from the standpoint of the person on the receiving end.**

When you have control of the reward system you have control of behavior. This isn't as easy as it sounds. The rewards are often very hard to identify and even when identified they are sometimes hard or impossible to control.

Things that would seem to be a punisher can, in reality, often be rewards. For example, youth will sometimes seem to work very hard to get scolded or lectured. When a youth is lectured by a staff, he is also getting attention. The attention may be aversive, but it *is* attention. This is one of the most powerful rewards for a youth. Sometimes the kind of attention given may need to be changed because it is the reward for the bad behaviors.

The Keys to Contingency Management



Key 1: If you want someone to do something more often, increase the consequences that are rewarding the behavior, or provide some rewarding consequences yourself.

This is called reinforcement.

Examples:

A resident has been disruptive in past skills groups. He comes into today's group and sits quietly. While he is sitting quietly, the trainer thanks him for his focus and attention. He remains quiet and focused for the rest of the group. The trainer's display of gratitude positively reinforced the resident's attentive behavior

A resident uses DEARMAN to make an inappropriate request. His request is denied by staff AND the staff gives him a CBT buck or punches his CBT card for using DEAR MAN. Later that day, the resident uses DEAR MAN to make an appropriate request. Receiving the CBT Buck or punch positively reinforced him to use DEAR MAN.

Identify some more examples of a positive reinforcement?

The Keys to Contingency Management



Key 2: If you want someone to stop doing something, look for the consequences that are rewarding the behavior and stop them.

This is called extinction (*extinguishing the behavior*). It is also called blocking the outcomes.

Examples:

When staff maintain a calm, cool and professional tone with a youth who is threatening self harm, when the behavior was previously reinforced with warm attention and or escalated emotion.

A resident who is frustrated with a class assignment acts out in the classroom. Instead of allowing the youth to be relieved of the classroom responsibilities, he is required to complete his assignment in the hall way.

What are some other examples of extinction?

The Keys to Contingency Management



Key 3: When behavior is being extinguished by removing the rewards, expect the behavior to get worse temporarily.

This is called an extinction burst.

If you think about it, you can probably understand the common sense of this Key. If something that has always worked suddenly stops working, the natural tendency is to try harder to make it work again.

Example:

A youth and parent are in the grocery store. In the past, the youth has demanded candy, and the parent has given in and rewarded the tantrum with candy.

The parent decides to extinguish the behavior by ignoring the tantrums and not giving candy.

The first few times the parent tries this, the youth yells, screams, and kicks with even more intensity.

Identify a situation where you might experience a burst when extinguishing a resident's problem behavior:

The Keys to Contingency Management



Key 4: Punishment is the least effective way of changing behavior.

The only reason to use punishment is when it is impossible or extremely difficult to control the consequences that occur as a result of the behavior.

Punishment may also be necessary for high risk-dangerous behavior and for safety & security

Punishment may also clearly communicate that there are consequences for problem behavior

Disadvantages of punishment:

Punishment increases resident frustration and anger; particularly toward the “punisher”

Punishment may reduce positive relationship or association with staff

Punishment often does not generalize to other situations- if you punish me I might stop my behavior when you are around, but continue it otherwise

Punishment is often applied too late to affect behavior- punishers are most effective when applied immediately after a problem behavior

Punishment reduces overall responding from resident; The resident does/tries fewer behaviors overall, so there is less chance that he will try a positive behavior.

Punishment does not teach replacement behavior. The “teach them a lesson” approach does not really work. The research proves it.

The Keys to Contingency Management



Key 5: Behavior can be controlled through the proper use of punishment but made worse through its improper use.

To be effective, the punishing event must **immediately** follow the behavior to be eliminated. The longer the time interval, the less effective will be the punishment .

Adaptation to the punishing event takes place quickly, so another factor is novelty of the punishment. If you use exactly the same punishment over and over, it loses its effectiveness.

If you really want to be effective in stopping some behavior by using punishment you need to **reward an alternative behavior as well as punish the offending behavior**. When you punish a behavior and at the same time reward some competing behavior, and do it consistently, you are more likely to get lasting results.

You *must* be consistent in all these procedures for them to be effective. Don't punish an individual for some behavior one time and accept that same behavior from that same individual another time.

Your punishment may not always be consistent between two different individuals, however. Individualization is very important.

Reducing Problem Behavior



Blocking Behavior:



Preventing, interrupting, stopping a problem behavior from happening or continuing. This intervention focuses on staff structuring the environment, removing cues, removing means, prompting the youth, giving directives- "STOP!"

Example "If Joe engages in self-harm, staff will strip his room of anything that can be used to hurt himself until he can demonstrate a skillful response to cues"

Example "Joe will be separated from peers if he is unable to refrain from threatening behaviors."

Blocking Outcomes (Extinction):



Identify the "payoffs- what is gained or avoided as a result of the problem behavior, and look for ways to keep that from happening. Identify the payoffs- what is gained or avoided by the behavior.

Example "If Joe is being disruptive during group, in an attempt to get out of group, he will be directed to move to the edge of the room (but pay attention) until he is able to return and participate, and/or all other activities will be on hold until he is able to complete the group or the group materials."

Example "Staff will respond to self-harm behaviors by focusing on safety, while being cool and professional . Warmth will be reserved for when the Joe is being skillful".

Punishment:



Take away something good (negative punishment), or add something aversive (positive punishment) in order to reduce problem behavior. Effective punishment needs to be closely linked with the behavior to be reduced- it happens close in time, and it reduces the targeted behavior, but not other desired behaviors

Example "Joe will lose the privilege of being in the game room if he threatens other residents" (negative punishment)

Example "In order to regain his level, Joe will be required to prepare a short speech on the cons of using aggression to control others" (positive punishment)

The Keys to Contingency Management



Key 6: The timing of a reward or punishment is extremely important.

Since behavior followed by a reward will happen more often, or behavior followed by a punishment will happen less often, it becomes necessary to define what is meant by "followed." Within a few seconds, many things can happen. Imagine how many things can happen within a few minutes or hours.

For a reward or a punishment to be most effective it must be delivered *immediately*. That doesn't mean within the next few minutes; it means *now*. A mistake made by so many people when they try to apply some of these interventions is they do not connect the behavior with the consequences properly. If the reward or punishment is not delivered immediately, some other behavior will be happening and that is what will be rewarded or punished.

The Keys to Contingency Management



Key 7: Youth will discriminate between people who use effective methods and those who don't, and will behave differently for each.

When you are conscientious and consistent in applying these ideas in your work with residents, and others are not, the youth will soon learn he can behave differently for each of you. Not only that, but he may learn to play one staff against the other.

This applies to teachers and other people in the same way. A youth can learn to be a model student in school because the teacher is being effective and a mess at the living unit if staff are not (and vice versa of course).

You are an intermittent counselor, and therefore you work in different units all of the time. What can you do to let residents know ASAP that you are aware of these keys, and that you fully intend to use them?

The Keys to Contingency Management



Key 8: If the desired behavior never occurs, then reward behaviors that are similar or that can lead to the desired behavior.

This is called “successive approximation” or “shaping”.

The steps for shaping are:

1. Define the ultimate goal
2. Define the rewards/reinforcers that will be used when steps are accomplished (attention, approval and gratitude are the best, tickets and points are good too).
3. Decide upon a starting behavior that represents a **VERY SMALL** step toward the goal and will be **VERY EASY** to do.
4. Reinforce the behavior when it shows up. Don't take the next step until this step has been mastered.
5. Define the next step, increase the standards, raise the bar just a little bit. Fade the reinforcement for the lower step. If the next step doesn't show up, return to the lower step, and do more teaching on the next step.
6. Provide reinforcement whenever the resident shows “next step behavior” or “just noticeable progress” (**JNPs**)
7. Monitor results carefully. Be flexible, and prepared to make things easier or more accelerated, depending on how quickly the youth progresses.

Functions of Treatment: Skill Acquisition



Teaching skills in individual counseling, groups and “on the fly”.



Practicing Skills through role plays and milieu **coaching**.



Matching skills (replacement behaviors) to the functions & drivers behind target behaviors

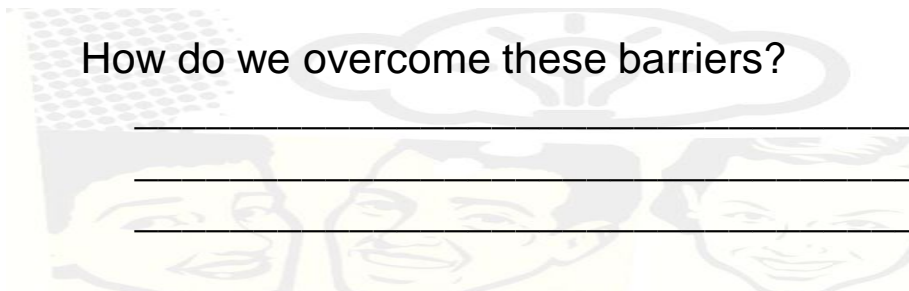


What are OUR barriers to teaching skills to youth?

- We think they already have the skill?
- We think we don’t know the skill well enough to teach it?
- Skillful behavior is not reinforced?

More barriers?

How do we overcome these barriers?





Increasing Skillful Behavior

Coaching Strategies



Teach/Tell (Describe and define): “To do a DEAR MAN, First you describe the situation, then you express your feelings, then . . .”



Model/Show (Demonstrate the skill): “Watch me do it. I will show you what it looks like when you are practicing Radical Acceptance.”



Role Play/Do (Have the client practice with you or another client): “I am going to play a friend, and you’re standing up for yourself, saying ‘NO’.”



Feedback/Review (Constructive non-judgmental descriptions of what worked and what didn’t, or of attempts that are on the money, or off the mark): “You followed the first steps of the skill effectively. I noticed when you clenched your fists, you looked like you were getting angrier. Try keeping your hands in the open, willing hands position.”



Highlight (Point out when the client uses a skill, especially when the client isn’t aware she was doing it): “I just noticed you being mindful there, when you hesitated and took a breath before reacting.”



Shape & Reinforce (Reward attempts, and describe next steps): “I noticed you tried really hard to use GIVE to be gentle with me & other staff when you are asking us to help you with something. Thank you very much. A great next step would be to use it with us when we are trying to solve a problem together.”

Praise

Positive Communication:

Applaud

Compliment

Cheerlead



Acknowledge

Recognize

GRATITUDE

Merci



THANK YOU



Validate

Four Options for Dealing With ANY Problem

- 1. Solve the problem** (use Interpersonal Effectiveness Skills, use Problem Solving steps)
- 2. Feel better about the problem** (regulate your emotional response to the problem, deliberately expose yourself to the problem)
- 3. Tolerate the problem** (use Radical Acceptance)
- 4. Stay miserable**

The Steps to Problem Solving

1. **DESCRIBE (BCA)** the details of your problem. Focus on the facts. (Functions & other Drivers)
2. **BRAINSTORM** ideas for solving your problem. List as many creative ideas as possible, without judging your ideas.
3. List the **PROS & CONS** of your favorite ideas.
4. **ACCEPT, COMMIT, TAKE ACTION.** Participate Mindfully in solving your problem.
5. **EVALUATE** your results.

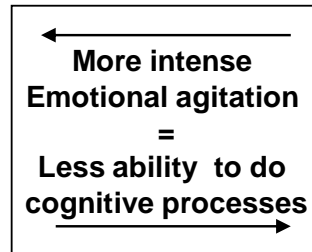
Increasing Skillful Behavior: Decision Tree for Coaching in the Moment



1.

When the youth is emotionally regulated:

Problem Analysis (BCA)
Problem Solving (Brainstorming Solutions)
Teach & Coach New Skills



2.

When the youth is emotionally dysregulated: focus on regulating emotions & safety (increase supervision, remove means, etc.).

Don't focus on the cognitive content, doing pros & cons, problem solving, describing consequences, or teaching new skills.

The ability to process information narrows when a resident is dys-regulated.

Under these circumstances, focus on:

Validation (look for what makes sense in their experience and response, cheerlead, communicate in a collaborative manner)

Generate alternative, emotion-changing behavior (willing hands, half smile, anger reducers, distracting, acting opposite, hopeful statements).

Re-orient attention away from the cue/trigger (move to different room, change the subject).

Remove the cue (if it is a particular person, separate the person from the youth, if it is a harsh tone, take a gentle tone).

3.

If youth responds to coaching, or interventions to reduce emotion dys-regulation, then increase warmth.

If the youth does NOT respond, decrease warmth (or remain cool and professional) and increase environmental control to assure safety.

Functions of Treatment:

Skill Generalization



Using skills in new situations
(conflicts, work, school)



Strengthening skills through cue
exposure



Strategizing how to use skills in the
future through RELAPSE
PREVENTION planning.



What are the barriers to skills generalization?

- Lack of opportunity to practice & be coached in new situations.
- We're not highlighting new attempts
- The skill is not yet solidly acquired.
- We're not connecting current skills with future applications (relapse preventions)

What are ways we overcome these
barriers?

Skill Generalization & **RELAPSE PREVENTION**

Connecting current behavior
to future situations



An example of taking an opportunity on the floor to practice relapse prevention:

Staff: I've noticed you've gotten really good at using DEAR MAN to assert yourself and say "no" to other residents when they are trying to get you into trouble?

Resident: Yeah, I guess I've been trying

Staff: Can you see situations where using DEARMAN could help you stay out of trouble in the community?

Resident: I guess so. When my friends try to talk me into getting high.

Staff: Can you think of a specific situation where that has happened and may happen again?

Resident: At school

Staff: Where at school? Outside?

Resident: Yes.

Staff: OK, we are going to imagine a situation just like that. I am going to be your friend. I am trying to talk you in to helping me score some pot and get high. You are going to use DEAR MAN to say 'no!', OK?

Resident: OK.

Relapse prevention is gently and frequently supporting residents to see how skills can be applied to new situations in the institution, group home, or community.

Coaching Scenario

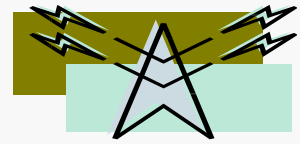
Mike is a client you have been working with at your agency. He has been a client for about three months. He has periods of doing well and then seems to crash. Typically this cycle begins when he is told no. Mike has made progress in treatment and recognizes that he will typically respond to hearing “no” with unfair thoughts. He will then become angry, and focus on how others get stuff and he doesn’t and how unfair this is. He and his counselor have been working on ways to deal with his emotional responses. You have overheard them discussing IMPROVE and Opposite Action to emotion.

You are at your work station and Mike has approached you to request that you call his counselor at home or provide his counselors phone number so he can call. You inform Mike that this isn’t allowed, and you wouldn’t want his counselor placing phone calls for clients to yourself on your days off thus he would need to wait until his counselor was on shift. Mike becomes very red faced and begins shifting his weight from right to left on his feet; his body seems to tense up. You inform Mike that you would be happy to help him if there is something he needs right now. He again requests the phone call. Once again you restate that is not allowed. Mike begins to flex his muscles and fixes his stare on you.

You inform Mike that he appears to be angry, you ask him to sit down so he can discuss his issue; Mike then explodes verbally stating “I don’t want your help, you don’t care about me, I’m not on your caseload, all I asked for is a phone call and you have to power trip and treat me like I am some kind of punk.” The whole time Mike is yelling louder and louder as he gestures wildly, others around you begin to focus on his grandstanding behavior. Finally, he slams his fist onto the desk with a loud THUMP!

Using the Coaching on the Floor Assessment & Action worksheet on the next page, answer the questions regarding Mike’s behavior and how you might respond within the guidelines contained in this packet.

Coaching on the Floor Assessment & Action



1. Describe the behavior:

2. What was the level of the JRA hierarchy ? (*self harm, assault, escape, treatment interfering, quality of life interfering*): _____

[Please explain and justify your reasons]

3. Was the behavior an identified target for this youth? Yes ___ No ___ OR
an egregious behavior? Yes ___ No ___.

4. Current Emotional state: ___ Highly Dys-regulated
 ___ Moderately Dys-regulated
 ___ Not Dys-regulated

[Choose one and explain why]

5. How can you use validation and coaching to deal with Mike's behavior?

How can you use blocking to change situational outcomes?

6. What cued or triggered Mike?

7. Function/Driver-What appeared to be driving the behavior (*attempt to gain something; avoid something, trying to solve a problem, reacting to a cue*)?

8. Describe your possible interventions strategies using the Following:

Validation:

Engagement & motivation:

Blocking:

Punishment:

Reinforcement:

Coaching/prompting target skills:

9. What are possible follow-up interventions using the following?

Validation:

Engagement & motivation:

Blocking:

Punishment:

Reinforcement, coaching target skills:

10. Do you know this youth's target behaviors?

Do you know this youth's target skills?